



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

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SECRETARY

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COMMISSIONER

SHAN LEE

COMMISSIONER

February 8, 2012

Bin Yang
YST Foot Massage
18399 Colima Rd., #A
Rowland Heights, CA 91748

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138667

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 15, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

4th
NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....SAN GABRIEL VALLEY TRIBUNE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....01/26/2012
2ND PUBLISHING DATE:.....02/02/2012
3RD PUBLISHING DATE:.....02/09/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....18399 COLIMA RD #A
ROWLAND HEIGHTS, CA 91748
NAME OF APPLICANT:.....YST FOOT MASSAGE / BIN YANG
YST FOOT MASSAGE
DATE OF HEARING:.....02/15/2012
TIME OF HEARING:.....9:00: A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **BIN YANG**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **YST FOOT MASSAGE**

MAILING ADDRESS: **18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/04/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/04/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	08/10/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/15/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/12/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/26/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/15/11	

Conditions: --EACH MASSAGE THERAPIST OR PRACTITIONER PROVIDING MASSAGE SERVICES MUST BE STATE CERTIFIED BY THE CALIFORNIA MASSAGE THERAPY.

Date: 7/11/11 Applicant's Signature: Bin Yang
Application taken by: [Signature] Date: 7/11/2011



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION



TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13th FLOOR, ROOM 1360
LOS ANGELES, CA 90012

FROM: BUSINESS LICENSE SECTION
225 N. STREET AVE., ROOM 109
LOS ANGELES, CA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

RBUS 201100137

DATE: 4/18/11

ID# _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 18399 Colima Rd. #A

CITY: Rowland Heights, CA

ZIP CODE: 91748

NAME OF OWNER: Bin Yang

D.B.A. / NAME OF BUSINESS: Yan-Shou-Tang / YST Foot Massage APN 8270005036

MAILING ADDRESS: 18399 Colima Rd. #A, Rowland Heights, CA 91748

EXISTING USE: New ☒ Renewal ☐

USE PERMITTED IN ZONE: C-2-BE
APPROVED ☒

USE NOT PERMITTED IN ZONE: _____
DENIED: _____

REMARKS: Approved per RAP 201100038.

See attached conditions.

SIGNATURE: [Signature]

DATE: 5-4-11

FH:fh

Business License Approval

Department of Regional Planning
320 West Temple Street, Room 1360
Los Angeles, CA 90012

Each massage therapist or practitioner providing massage services must be state certified by the California Massage Therapy Council (CMTC) and must retain that certification at all times. Any person providing massage services must post a valid CMTC certificate on-site. The massage business must cease operation and obtain a CUP if certification has not been obtained, or any of the massage therapists/practitioners fails to renew certification by the expiration date, or the certification is revoked. The massage business must obtain and maintain a valid business license and each therapist/practitioner may need to get a business license.

Any expansion or new signage requires prior Department of Regional Planning approval.

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**54.
7/13/11

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: BIN YANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YST FOOT MASSAGE

MAILING ADDRESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION:

Approved for Foot massage only

SIGNATURE:

Robert Brubaker

DATE:

8-3-11

BASIC LICENSE NO. 5910

DATE 07/12/11

IDENTIFICATION NUMBER 138667

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: BIN YANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YST FOOT MASSAGE

MAILING ADDRESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**☒ APPROVAL☐ DENIALRECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

9/7/11

BASIC LICENSE NO. 5910

DATE 08/30/11

IDENTIFICATION NUMBER 138667



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

911-00906

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: BIN YANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YST FOOT MASSAGE

MAILING ADDRESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: B. Davis

DATE: 12-13-11

BASIC LICENSE NO. 5910

DATE 12/07/11

IDENTIFICATION NUMBER 138667

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

921

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: BIN YANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: YST FOOT MASSAGE

MAILING ADDRESS: 18399 COLIMA RD #A, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

#138667

FIRE DEPARTMENT

LA COUNTY

County of Los Angeles Fire Dept
Approved Pending Field Inspection

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

JUL 21 2011